

CITY OF ALBUQUERQUE

Planning Department Building and Safety

WORK PERMIT APPLICATON

Date:			
Type of Work:	4 = Repair	5 = A	Alteration
Construction Address:			
Legal Description: Lot	Block	Tract	Unit
Subdivision			
UPC:			
Owner: Name:			Phone:
Number:	Street:		
City:	State:		Zip Code:
Contractor Name:			Phone:
Number:	Street:		
City:	State:		Zip Code:
Contractor Classification:		State Lice	nse #:
State Tax #:	City Tax #:		
Construction Data: Square F	ootage:	Constru	ction Valuation:
Description:			
Plan Reviewer	Date S	Signature	Date